

Developmental Disabilities Program  
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November 24, 2004

**Choteau Activities, Inc.  
Quality Assurance review**

**Scope of Review**

Period of Review: October 2003 - October 2004

Dates of Review: October 19-20, 2004

Exit Interview: November 30, 2004

Reviewers: Leslie Howe, Cathy Murphy, and Lori Wertz, Quality Improvement Specialists/Developmental Disabilities Program

**General Areas**

**ADMINISTRATIVE**

**Significant Events from the agency**

Choteau Activities has successfully completed most of its strategic/long term goals for 2003-2005: the building structure at the WAC was reinforced and new outside doors were installed that swing out, a website was started, the Full Circle Thrift Store (FCTS) has been relocated to a new location on Main Street and Choteau Activities has constructed ways to generate additional income at the FCTS. Choteau Activities is also advertising on the statewide port opening list in order to accommodate additional Supported Living consumers. They are still working on purchasing a new van by 2005. CAI also put together a pamphlet to advertise their services.

**Policies & administrative (DDP) directives**

Recommendations from previous review were responded to with favorable results. Individuals in Supported Living services are on programs for taking their medications independently, medications errors were addressed, and fiscal concerns have been reduced.

**Licensing**

The group home has a license that is valid 10/1/04-9/30/05. Items in need of attention were addressed, such as a dirty vent and hot water temperatures. The State Sanitarian inspected the group home, transitional

living complex, and day program on June 15, 2004. State Fire Marshall inspected the group home, transitional living complex, and day program on August 10, 2004. There is also documentation of a boiler inspection at the transition living complex done February 9, 2004. A home Inspection was completed at the transitional living complex on April 20, 2004 by the Rural Development, Dept of Agriculture. The fire extinguishers were checked and serviced by Hanks Fire Service and Hawks in June 2004. The new thrift store will be inspected soon. They were in the middle of relocating it at the time of inspection.

### **Agency internal communication systems**

Choteau Activities personnel communicate with each other quite well between residential sites and with vocational services. The executive director and program managers are easily accessible.

Satisfaction surveys for staff and consumer satisfaction were conducted. They were reviewed and the results indicate 88% of surveys were returned and a 96% staff satisfaction rating. Overall consumer satisfaction rating is 76%. The non-satisfaction issues are dealt with individually with each consumer and /or staff person, or if necessary addressed at annual and special IP meetings.

### **Accreditation**

Choteau Activities is in the final year of their three-year CARF Accreditation. It expires November 2004. The Board of Directors and Executive Management have made the decision not to continue with CARF Accreditation. In the past this accreditation has been required by contract, but was dropped as a requirement in FY 04. Choteau Activities plans to maintain the same guidelines established by CARF.

### **Fiscal (results of A133 audit, referrals to Medicaid Fraud or QAD review, client funds, & record keeping)**

Choteau Activities has submitted fiscal reports on time and when things have been missed, they have been promptly changed and re-submitted. The last audit on file with the Developmental Disabilities office is for 2003. The 2004 report had not been received by the time of this review. The last audit was completed August 31, 2004. The Region II office has noted no problems in the review period.

### **Appendix I**

Monthly staffing ratio checks completed by the Quality Improvement Specialist find that staffing ratios identified in Appendix I of the contract are being met consistently.

### **SPECIFIC SERVICES REVIEWED**

#### **A. RESIDENTIAL**

##### **Accomplishments**

Choteau Activities continues to offer high quality services to the individuals receiving residential services. The facilities are homelike and the staff interaction with the consumers is exceptional.

##### **Programmatic Deficiencies**

Medication errors and independence in taking medications were a concern last review. They have been addressed with good results.

### **Corrections to Deficiencies**

Trends have been identified for medication errors and no errors were noted the last quarter! Good job, everyone. Some individuals at the TLC and group home are now on formal programs for taking their medications independently. **(QAOS #A)**

#### **i. HEALTH AND SAFETY**

##### **Vehicles**

The safety records for vehicle maintenance were reviewed: all the vehicles are on a regular maintenance schedule including oil changes, fluid level checks, and tire checks.

##### **Consumers**

There are currently 8 consumers living in the group home, 5 living at the Transitional Living Complex, and 2 in Supported Living services living in their own apartments in the community. One consumer from each area was interviewed and a file review was completed for each. Other consumers not identified as part of the sample wanted to talk to the reviewers as well. Each stated his/her satisfaction with the services he/she receives. Besides the group home, a total of 5 apartments were visited (3 at Transitional Living Complex and 2 in the community).

##### **Medication Safety (psychotropic meds, training, programs, PRN meds, certification, errors)**

Choteau Activities' medication system is impressive. They color code not only time of day but consumers also have their own color sticker or special symbol for their personal medications. Documentation is recorded and the staff members use a "buddy system" for double-checking. The Developmental Disabilities Program certifies all staff members that assist with meds and all are current in their certification. Training programs are in place for those individuals capable of becoming more independent in taking their medications. There is IP documentation of the need or lack of need for training in this area. PRN medications have protocols. Medication errors are reported and trends are monitored by Choteau Activities and reports sent to Quality Improvement Specialist. In 2004, medication errors in residential services are as follows: 14 at the Transitional Living Complex, 6 at the group home, and 2 in the community. The biggest problem appears to be staff not initialing after giving a medication.

##### **Sites (appearance, evacuation drills, SL apartments, emergency back-up, etc.)**

##### **GROUP HOME**

Quality Improvement Specialists arrived at the group home at 2:45 pm, just before the consumers were getting back from work. There were two staff at the group home sharing duties. Interaction between staff and consumers was impressive, especially considering the busy time of the day. Staff persons were respectful of the consumers while encouraging individuals to complete their routines. The staff took individual time with consumers when necessary and both were supportive of individual needs, requests and moods.

### **TRANSITIONAL LIVING COMPLEX/SUPPORTED LIVING**

The Transitional Living Complex was visited at 3:00 pm as the consumers came trickling in from work and staff came on duty. I visited the ladies in regular Supported Living another afternoon at 3:00 pm.

A Facility Checklist was completed. The group home was tastefully decorated for the holiday and individual tastes were obvious in bedrooms as well as common areas of the home. The group home had some wonderful cobwebs (up for Halloween decorations--not real ones.) The home appeared clean and was well organized. Some splatter was noticed in the group home on/near the garbage can in the kitchen and some corners also appeared to have a small accumulation of dirt in them. An open socket was noticed in a bathroom at the group home.

The consumers were proud of their home and personal spaces. The same was true for the Transitional Living Complex apartments. I was able to visit each Supported Living apartment and talk to both ladies. I also visited other apartments at the Transitional Living Complex besides the sample folks and each of the individuals was excited to have company and looked forward to showing me his/her apartment and how it was decorated.

As far as emergency backup is concerned, the staff people at the Transitional Living Complex and group home utilize each other for assistance during non-business hours. Otherwise they call the day program first for back up. Program managers share an on-call phone for emergencies. Evacuation drills were reviewed and data was completed on a monthly basis; however, none were run during late night shifts when only one staff is on shift. Although staff is not scheduled during these hours at the Transitional Living Complex the staff interviewed said it may be possible to run a drill in the early morning or after the folks have gone to bed as staff are going off duty or just coming on, perhaps on a weekend. Some times were not recorded as am or pm on drills.

Both ladies in Supported Living apartments in the community were proud to show off their apartments and how they have improved on their housekeeping skills. Although both had pet cats, no pet odor was apparent.

## **ii. SERVICE PLANNING AND DELIVERY**

### **Individual Planning (Assessment, implementation, monitoring)**

IP meetings were reviewed for each individual in the sample group. Staff at Choteau Activities complete thorough assessments and develop appropriate objectives to assist the individuals in meeting their goals. Needs are identified during the IP process. A program cover sheet with corresponding data sheet accompanies each objective agreed to, whether it is a training objective or a service objective. Data was kept in each file reviewed whether it was group home, supported living, day services, or community supports. It was noticed that one file had an incorrect date for the IP on a program. This was corrected when pointed out and it was explained they carried over the objective from the previous IP and forgot to change the date.

Case manager stated he receives information in a timely manner. IP summaries are distributed electronically to the team in a timely manner as well. Quarterly reviews and amendment forms are routed to Quality Improvement Specialist and Case Manager. Quarterly reviews were found in the program manager's office rather than the individuals' files. Some information such as data recording was difficult for reviewers to find as it was kept in different notebooks; however, the staff felt this system was working for them.

### **Leisure / Recreation**

Consumers are offered a daily opportunity for their choice of leisure activities at both residential sites. Besides community integration, other activities are by individual preferences such as puzzles, movies/videos, computers, games, music, and television were observed. Leisure/Recreation Log Books were reviewed. Activities were documented daily. The staff people do an excellent job at arranging leisure activities and outings. They make every effort to assure that the consumers have transportation to specific activities such as church, family gatherings and meetings with advocates.

The consumers who receive supported living services at Choteau Activities, are for the most part independent in leisure and recreational activities. They have a variety of interests and each person is supported and is encouraged in his/her pursuit of preferred interests. Staff provide assistance for shopping, money management, and meal preparation.

### **Client Rights (restrictions/promotion of rights, grievance procedure)**

The grievance procedure is reviewed with each consumer at least annually at the time of his/her IP meeting. A couple consumers both in the group home and the Transitional Living Complex have rights restrictions in place that were approved by the IP team and Developmental Disabilities Program. They include such concerns as checking a room for items that do not belong to that person to not allowing unchaperoned visitors in

an individual's apartment to supervision for safety and bathing supervision due to medical issues. All rights restrictions are reviewed annually and plans are in place to terminate the restriction if possible. When questioned about the opportunity to make choices and exercise self-determination, consumers said they feel they are given that opportunity. In fact, two consumers who requested placement on the waiting list for services in other areas were screened into those services this past summer and were moved to their new residences by CAI staff.

#### **Medical / health care**

Medical appointments for all residential consumers are tracked and results recorded. The community has a medical facility and doctors in town. There is also a dentist willing to take Medicaid patients, a rarity nowadays in this state. Each consumer has a separate file for medical information. Files reviewed had up to date appointments and assessments. Medications were found kept in a locked storage cabinet in the office at both the Transitional Living Complex and the group home. Medication administration records were reviewed and found that all staff supervising medication administration are certified. For individuals on self-administration of medications programs, data for those programs was available. Bathing procedures were posted in each bathroom and individual needs and supervision for bathing were found in individual program books. It was noted in the last review that Choteau Activities should provide a plan to reduce medication errors and develop formal plans to assure that each individual at the Transitional Living Complex reaches maximum independence in taking their medications. Both areas have been addressed successfully.

#### **Emotionally Responsible Care Giving**

All Choteau Activities Residential staff need to be commended for their continued attention to consumer health, safety, well being and overall happiness with services. One individual who lives in the group home was questioned (PS) and he stated that he is happy with services and feels safe and supported by the staff. One individual who lives at the Transitional Living Complex (PL) was interviewed and she feels safe and she is happy with services. Transition to new settings and new providers has been well planned and staff have been very supportive both for new consumers coming to Choteau and those leaving.

#### **Consumer Surveys /Agency's consumer satisfaction surveys (do you? what info? what do you do to address?) (Accreditation requirement)**

Choteau Activities surveys staff members, families, and consumers and they use the findings to develop goals. Results are reported in the agency evaluation. Surveys are on file and were readily accessible to reviewers. Some examples of

information gathered from the surveys include community living services, personal and social services, employee satisfaction, and consumer satisfaction in the following areas: home, work, work activity center, health needs, appearance/hygiene, family/friends, recreation and leisure. Staff satisfaction was 96% and consumer overall satisfaction was 76%. The CM also completes a satisfaction survey with or on behalf of each consumer prior to his/her IP meeting. These are on file with the IP.

### **iii. STAFFING**

#### **Screening/Hiring**

Records were reviewed for the 3 individuals hired in the past year. Criminal Background Checks are completed on 100% of new hires.

#### **Orientation/training**

Choteau Activities utilizes a comprehensive employee training manual. It was reviewed by Quality Improvement Specialists and found to be satisfactory for Developmental Disabilities contracting needs. Choteau has no intensive services and are not required to provide DDCPT Training. All staff persons are required to complete DDOT, first aid, CPR, and MANDT (first three modules). Orientation training is documented as well as any additional ongoing training that is offered by Choteau Activities.

#### **Ratios**

Monthly staffing ratio checks completed by Quality Improvement Specialist have found that staffing ratios identified in Appendix I of the contract are being met.

#### **Staff Surveys**

Choteau Activities staff surveyed by reviewers were able to answer questions accurately with little or no prompting.

### **iv. INCIDENT MANAGEMENT**

#### **Adult Protective Services**

No investigations have been conducted and no reports made to APS during the review period. Choteau Activities handles issues as they arise quickly and responsibly and inform all who need to know about it.

#### **Incident Reporting**

Incident Reports are received in a timely manner and trends are noted in quarterly reports received from the program managers. It is from these trends that staff were able to identify that an individual may have been trying to communicate she was hungry in between breakfast and lunch. After adding additional protein to her breakfast, the number of incidents with her decreased. This shows how staff use creative methods for offering support when behaviors increase. Choteau

Activities staff members deserve credit for embracing the needed supports of the individuals in residential services.

**B. Work/Day/Community Employment Accomplishments**

Chateau Activities has done updates to the Work Activity Center building during the past couple years and has recently moved its Full Circle Thrift store to a new location on Main Street. This was a lot of work for them but the store has been successful and well received by the community. (QAOS #B)

**Programmatic Deficiencies**

None were identified during the previous review and no QAOS sheets were written during this review period.

**i. HEALTH AND SAFETY Vehicles**

Regular maintenance logs and safety inspections were reviewed and found to be in order for the vans. They appear to be kept in good working order.

**Consumers**

A sample of consumers was chosen for review. They included individuals from regular day services, combined Supported Employment and Day, and Community Supports. Besides these folks, other consumers were interviewed at their request. They are a social bunch. All were happy with their services and indicated satisfaction with amount of work and leisure activity they were offered. While reviewers were present, there was no one sitting idle. During periodic visits throughout the review period, this QIS has always observed a lot of activity going on.

**Medication Safety (psychotropics, training, programs, prns, certification, errors)**

The Work Activity Center has medications locked in the staff office. Each individual receiving meds at work has administration of medications documented. As with the residential sites, color-coding and individualized stickers are used to identify time to be taken and the person. Staff assisting are med certified. Double checks are done per policy.

**Sites (appearance, evacuation drills, SL apartments, emergency back-up, etc.)**

The on-site review of the Work Activity Center was unremarkable. The facility was observed to be clean and orderly. Consumers were involved in meaningful activities. Work tasks, "Sweating to the Oldies", and individual leisure pursuits such as puzzles and computer games were observed going on during the time reviewers were present. Evacuation drills including fire, bomb threat, severe weather, earthquakes, and tornados were reviewed. Occasionally the time of day was



not recorded on the sheet. A plan is in place to ensure no drills are missed. OSHA regulations are followed and supplies are locked up with a book for emergency medical care for each cleaning solution or other materials. Program managers are available for back up should there be a need for it.

ii. **SERVICE PLANNING AND DELIVERY**  
**Individual Planning (Assessment, implementation, monitoring)**

IP plans and consumer files were reviewed for the sample group chosen. They were found to be in order for the most part. One file was found to have an outdated objective but when this was brought to the attention of the staff, it was discovered that the objective was carried over from the previous IP year and the date had not been changed on the data sheet. (QAOS # 3) Another consumer's long-range goal and objectives did not match. (QAOS #2) It was mentioned to the program managers as an area to improve upon during the next review period.

**Leisure / Recreation**

All consumers are involved in work or an activity of choice. Besides movies and exercise videos, consumers have to option to use the computers, play games, do puzzles, play cards or do craft activities. No one was observed to sit idle during the review. Documentation was recorded regarding participation. Consumers also participate in Special Olympics and other community integration activities such as bowling, swimming, and skiing.

**Client Rights (restrictions/promotion of rights, grievance procedure)**

The grievance procedure is reviewed prior to each annual IP meeting with each consumer. Rights restrictions are agreed to by the IP team and training is in place to attempt removal of these restrictions, if possible.

**Medical / health care**

Medical information is kept in a file for each consumer, separate from objectives and training data. For those who live at home, medical information is received from parents. The program manager monitors medical appointments. File review found records to be in order.

**Emotionally Responsible Care Giving**

The staff at Choteau Activities are proficient in providing emotionally responsible care giving. Reviewers witnessed staff providing support during the review. They are attentive to health, safety, and happiness of the consumers they serve. One on one outings to lunch and for walks are a few of the activities provided by staff in order to give added support to the folks who need extra attention. Consumers stated they were

satisfied with the staff and the services provided. Many consider staff members to be favorite people on surveys.

### **Consumer Surveys**

The CM completes a satisfaction survey with or on behalf of each consumer prior to his/her IP meeting. These are on file with the IP notes. Some examples of information gathered from the surveys include home, work, health needs, appearance/hygiene, family/friends, recreation and leisure. The consumers surveyed by the reviewers were all satisfied with services and staff who serve them.

### **Agency's consumer satisfaction surveys (do you? what info? what do you do to address?) (Accreditation requirement**

Choteau Activities surveys staff members, families, and consumers and they use the findings to develop goals. Results are reported in the agency evaluation. Surveys are on file and were readily accessible to reviewers.

### **iii. STAFFING**

The review began at the day program reviewing program files, policies & procedures, staff training files, criminal background checks, interviewing staff, talking with consumers and observing programs.

### **Screening/Hiring**

Records were reviewed for the 3 individuals hired in the past year. Criminal Background Checks are completed on 100% of new hires.

### **Orientation/training**

Choteau Activities utilizes a comprehensive employee training manual. It was reviewed by Quality Improvement Specialists and found to be satisfactory for Developmental Disabilities contracting needs. Choteau has no intensive services and are not required to provide DDCPT Training. All staff are required to complete DDOT, first aid, CPR, and MANDT (first three modules). Orientation training is documented as well as any additional ongoing training that is offered by Choteau Activities.

### **Ratios**

At the time of the review the ratio met the appendix I for Choteau Activities. Monthly staffing ratio checks completed by Quality Improvement Specialist have found that staffing ratios identified in Appendix I of the contract are consistently being met.

### **Staff Surveys**

Staff surveyed by reviewers at the Work Activity Center were able to answer questions accurately with little or no prompting.

One worked at both the group home and the Work Activity Center.

**iv. INCIDENT MANAGEMENT  
APS**

No investigations have been conducted and no reports made to APS during the review period. Choteau Activities handles issues as they arise quickly and responsibly.

**Incident Reporting**

Incident Reports are received in a timely manner and trends are noted in quarterly reports received from the program managers. It is from these trends that staff were able to identify that an individual may have been trying to communicate she was hungry in between breakfast and lunch. After adding additional protein to her breakfast, the number of incidents with her decreased.

**C. Community Supports**

Choteau Activities provides community supports to two individuals at this time. Both files were reviewed.

**Accomplishments**

Choteau Activities has a lot to offer Community Supports recipients.

**Programmatic Deficiencies**

None were identified during the previous review and no QAOS sheets were written during this review period.

**i. HEALTH AND SAFETY  
Vehicles**

Regular maintenance logs and safety inspections were reviewed and found to be in order for the vans. They appear to be kept in good working order.

**Consumers**

One individual (JW) receives services in the form of supplies related to incontinence; he is a multiply handicapped man who is cared for at home at a local Hutterite Colony. He requires bed pads and Attends as he is incontinent. Upon reviewing the receipts, it was noticed that there are some receipts that include juice, incense, and room freshener. I spoke with the executive director about the juice not being covered by the Community Supports Agreement and she said she would follow up with family and Case Manager. (QAOS #1) Another individual (TS) receives full work/day services through a community supports plan. I visited with her and she indicated she is satisfied with her day service. I have visited with her family at her IP and on other occasions and her parents also indicate a satisfaction with services.

**Medication Safety (psychotropics, training, programs, prns, certification, errors)**

This is not applicable, as TS no longer takes medication at the day program. It was discontinued.

**Sites (appearance, evacuation drills, SL apartments, emergency back-up, etc.)**

The on-site review of the WAC was unremarkable. The facility was observed to be clean and orderly. Consumers were involved in meaningful activities. Work tasks, "Sweating to the Oldies", and individual leisure pursuits such as puzzles and computer games were observed going on during the time reviewers were present. Evacuation drills including fire, bomb threat, severe weather, earthquakes, and tornados were reviewed. Occasionally the time of day was not recorded on the sheet. A plan is in place to ensure no drills are missed. OSHA regulations are followed and supplies are locked up with a book for emergency medical care for each cleaning solution or other materials. Program managers are available for back up should there be a need for it.

**ii. SERVICE PLANNING AND DELIVERY**

**Individual Planning (Assessment, implementation, monitoring)**

IP plans and consumer files were reviewed for both the Community Supports recipients. JW does not have an IP so Community Supports Agreement was reviewed along with receipts/invoices. Files appeared to be in order. Data was readily available.

**Leisure / Recreation**

At the Work Activity Center consumers were involved in work or another activity of his/her choice. No one was observed sitting idle during observations. Documentation of participation in activities was recorded. Consumers also have the option to participate in Special Olympics and other community integration activities such as bowling, swimming, and skiing.

**Client Rights (restrictions/promotion of rights, grievance procedure)**

The grievance procedure is reviewed prior to each annual IP meeting with each consumer. There are no rights restrictions in place for either Community Supports person.

**Medical / health care**

Family takes care of medical/health care for both Community Supports individuals.

**Emotionally Responsible Care Giving**

The staff at Choteau Activities are proficient in providing emotionally responsible care giving. Reviewers witnessed staff providing support during the review. They are attentive to health, safety, and happiness of the consumers they serve. Consumers stated they were satisfied with the staff and the services provided.

### **Consumer Surveys**

The Case Manager completes a satisfaction survey with or on behalf of each consumer prior to his/her IP meeting. These are on file with the IP notes. Some examples of information gathered from the surveys include home, work, health needs, appearance/hygiene, family/friends, recreation and leisure.

### **Agency's consumer satisfaction surveys (do you? what info? what do you do to address?) (Accreditation requirement)**

Choteau Activities surveys staff members, families, and consumers and they use the findings to develop goals. Results are reported in the agency evaluation. Surveys are on file and were readily accessible to reviewers.

## **ii. STAFFING**

### **Screening/Hiring**

Records were reviewed for the three individuals hired in the past year. Criminal Background Checks are completed on 100% of new hires.

### **Orientation/training**

Choteau Activities utilizes a comprehensive training manual for employees. It was reviewed by Quality Improvement Specialists and found to be satisfactory for Developmental Disabilities contracting needs. Choteau has no intensive services and are not required to provide DDCPT Training. All staff members are required to complete DDOT, first aid, CPR, and MANDT (first 3 modules). Orientation training is documented as well as any additional ongoing training that is offered by Choteau Activities.

### **Ratios**

At the time of the review the ratio met the appendix I for CAI. Monthly staffing ratio checks completed by Quality Improvement Specialist have found that staffing ratios identified in Appendix I of the contract are consistently being met.

### **Staff Surveys**

Staff persons surveyed by reviewers at the Work Activity Center were able to answer questions accurately with little or no prompting.

## **iv. INCIDENT MANAGEMENT**

### **APS**

No investigations have been conducted and no reports made to APS during the review period. Choteau Activities handles issues quickly as they arise and in a responsible manner by contacting all individuals who need to know about them.

### **Incident Reporting**

Incident Reports are received in a timely manner and trends are noted in quarterly reports received from the program managers. It is from these trends that staff members are able to identify specific needs of consumers and hopefully decrease the number of incidents.

**D. Transportation Accomplishments**

Choteau Activities plans to purchase a new van in the year 2005. They utilize maintenance and safety logs for each vehicle currently in use.

**Programmatic Deficiencies**

None were identified during the previous review and no QAOS sheets were written during this review period.

**Conclusion:**

**Recommendations:**

- A review of the CS manual and categories approved as part of the waiver. **(QAOS #1)**
- An effort to ensure that long-range goals match with training objectives at IP meetings. **(QAOS #2)**
- Ensure IP information in files is current. **(QAOS # 3)**

In closing, Choteau Activities should be commended for their commitment to each consumer. They are responsive to suggestions made by the Developmental Disabilities Program and promptly resolve any errors or concerns that arise. The success of Choteau Activities is due to a cooperative effort from the community, the board of directors, the consumers, and the staff members. Choteau Activities is a successful provider because everyone is willing to work as a team to support the needs, desires, dreams, and wishes of each of the consumers.

The Developmental Disabilities Program would like to thank the staff, management and direct care, the consumers, and families for assisting with this review. Their honesty and cooperation is what makes the program successful, the review meaningful, and positive changes possible.

**Findings Closed**

**Findings Open / Plan of Correction**

Respectfully submitted,

Leslie Howe, Quality Improvement Specialist/Developmental Disabilities Program